j		for Form STA	TION PECON	THE CONTRACTOR	LINESS Haller	Jane His Ti VOW	
-		e for Form PTO-875		RD .	Applic	ation or Docket Number	number.
	CLAIMS AS FILED -	PARTI				1563,840	. 1
·	(Column 1)	(Column 2)	· · · · SMA		•		
FOR BASIC FEE	MI MADEO CHI		OWA	SMALL ENTITY		OTHER THAN SMALL ENTIT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(37 CFR 1.16(a))		NUMBER EXTRA	RATE	FEE			
TOTAL CLAIMS (37 CFR 1.16(c))	30 minus 20 -	1		\$		RATE FE	-
INDEPENDENT CLAUGE	3 - minus 20 =	. 10	X \$ =		OR	360	1.00
(37 CFR 1.16(b))	> minus 3 =	. 2			OR	x = 500	-60
MULTIPLE DEPENDENT CU	AIM PRESENT (37 CI	FR 1.16(d))	- X\$=		. OR	x = 2000	0
* If the difference in column	1 is loss the		+ 5 = =		OR	4.0	
			TOTAL		7 '		_
CLAIMS	S AS AMENDED - P.	ARTII .			OR	TOTAL /UDS	0.0
∢ A CL	AIMS T	Column 2) (Column 3) GHEST	SMALL E	ENTITY	OR	OTHER THAN	
E amat REM	TER	UMBER PRESENT	RATE			SMALL ENTITY	
$>$ lotal \sim \sim	PA	VIOUSLY EXTRA	, , ,	ADDI- TIONAL	'	RATE · ADDI-	-
O (37 OFR 1.16(c)) Z Independent		3-0 = 1		FEE	_	TIONAL FEE	
(37 OFR 1.16(b))	Minus ***	5	X \$=		OR X		
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLA	IV 97 00-	X \$=		OR X	50= 50.00	-
		(37 CFR 1.16(d))	+;=	1	00		-{
•			TOTAL ADD'L FEE		TO	TAL	1
CLAII CLAII	VC (CO	umn 2) (Column 3)				D'L FEE 1650.00	Pai
	AING NUM	HEST PRESENT		1.	·]
Total	MENT PAID	DUSLY EXTRA	RATE	ADDI- TIONAL	F	RATE ADDI-	
Independent	Minus **	=		FEE		TIONAL	1
(37 OFR 1.16(b))	Minus ***	=	X \$=		OR X s	= 700	
FIRST PRESENTATION OF MI	ILTIPLE DEPENDENT ~		× \$=		OR X s	-	
	TO CE CHOCKET CLAIM	(37 CFR 1.16(d))	+\$	1 .		=====	
	• •		TOTAL ADD'L FEE		DR + + 5TOTA	=	
(Column 1	Coum	n 2) (Column 3)		. 0	R ADD'L	FEE	
CLAIMS REMAININ	IG HIGHE	ST			•		
AFTER AMENDME		SLY EXTRA		001-	RAT	E 455	
Total + (37 CFR 1.16(c))	Minus **	JR =		DNAL EE		TIONAL	•
Independent (37 CFR 1.16(b))	Minus		X \$=	OR		FEE	
		=	X \$=			==	
FIRST PRESENTATION OF MULT	TIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	4.0	OR	X 3	=======================================	
			OTAL =	OR	+ 5	=	
If the entry in column 1 is less If the "Highest Number Previou" The "Highest Number 2	than the entry in column 2,	,	OD'L FEE	OR	TOTAL ADD'L FI	F	
If the "Highest Number Previous the "Highest Number Previous he "Highest Number Previous ection of Information is required process) an application. Contact the contact of	sly Pald For IN THIS SPA	CE is less than 20, enter	20".	•			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 4.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments On the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Palente, P.O. Box 1460, Alexandria, VA 22313-1460.